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Passed March 1828

And

Inaugural Essay,

on

Phlegmasia Dolens

by

Jesse H. Bonsall

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Phlegmasia Dolens,
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The disease which constitutes the subject of the following essay, has generally been called Phlegmasia Dolens, though numerous other appellations have been given to it by various writers.

Ab Ecchymosis Lymphatica. Edema Lactium. Anasarca Torosa. Cruritis. &c.

But I shall without further prelude, pass to the consideration of the disease itself, and not enter into any investigation of the propriety of these different synonymes.

It is a disease comparatively of rare occurrence and has for considerable length of time engaged the attention of Medical men, and although there is every reason for supposing, that the disease has existed from the earliest periods of society, and must have ^{been} coeval with those incident to the

puerperal state, but little attention appears to have been paid to it by the Ancients.

Mr. White of Manchester in his inquiry says - That out of 1897 women delivered at the Westminster general Dispensary, five only were seized with it; and of 8000 women delivered at the Manchester Lying-in Hospital, and three new Houses, no more than four were affected by this complaint.

General History

Phlegmasia Dolens principally affects women in the puerperal state, though to this general rule there are a few exceptions, cases of the disease having appeared in the Male and in the female independantly of the puerperal state. It is very irregular in its occurrence, making its appearance in some cases in the course of twenty four or forty eight hours after delivery and at other times, not, until a month or even six weeks have elapsed, but in general the attack takes

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place from the tenth to the fifteenth day after
parturition.

It never attacks both limbs at once though frequently transmits itself from one to the other occurring in all situations, in the country as well as the city, all ranks and all habits, the rich, the poor, the robust and the delicate, those who give suck and those who do not, all being liable to an attack of it.

In the commencement of the disease the patient generally complains of a pain in the groin of one side a considerable degree of Pyrexia accompanying not unfrequently ushered in by a slight chill. The part affected soon becomes swelled, very tense with more or less pain extending from the groin down in the inner side of the thigh to the leg. The appearance of the limb externally is white and putternaturally glossy. The swelling does

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not extend beyond the Labium Pudendi of the affected side but gradually progressing downwards involves the whole limb from the groin to the foot frequently attaining double the size of the sound extremity. It is not attended with external signs of inflammation. There being no redness but is hard, smooth, glabrous, pale and equal except where the conglomerate glands are situated, which are corded and knotty as in the groin, the ham, &c. the back and the fleshy parts of the leg.* when pressed upon it is elastic, no impression remaining after the pressure is removed.

If punctured a small quantity of fluid issues which soon coagulates.

Though I have described the disease as commencing at the groin this is not universally the case, for there are instances in which it has been known to commence in the foot, the middle of the leg and the knee but, this in a practical

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point of view is of little consequence for in a short time the disease extends through out the system and presents the appearance above represented.

The termination of this disease is in resolution commencing with diminution of pain in the Iliac and Inguinal regions together with a subsidence of the swelling and return of the lochia and lactial discharges if they have been suppressed. It very seldom terminates in suppuration and where it does is probably the result of improper treatment.

Cause

The older writers who have noticed this complaint considered it as a "Morbid swelling" from a suppression or a diminution of the uterine or lactial discharge, or a reflux of the lochia upon the part. This position is by no means satisfactory for by it how can we account for its appearance in pregnant females, or in men, or why may it

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ask) does not the reflex of the lochia occur in other parts, or has the lower extremities any particular attraction for these fluids:

Mr. White in his treatise on this complaint observes "This disorder is owing to the Childs head pressing the vessel or vessels which arise from one of the lower extremities, against the rim of the pelvis, during a labour pain, so as to stop the progress of the lymph; that the number of valves will effectually prevent it from regurgitating and if the head continues any time in that situation, while the lymph is driven on through the valves by the peristaltic contraction of the coats of its vessels, and the strong vibrations of the inguinal artery, though its coats should be allowed to be stronger than those of the blood vessels, it must at last burst and shed its contents. When the orifice made in the lymphatic is healed, and the diameter of the tube is contracted, or totally closed

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by the cicatrix, the lymph is retained in the lymphatic vessels and glands of the limb, and labia pudendi, and distends them to such a degree and so suddenly, as to occasion great pain and swelling which always begins in the part next to that in which the obstruction is formed, and when the obstruction is in part or wholly relieved, or the lymph has found a fresh passage, the part next to it is consequently relieved.

That the disease is dependant on inflammation of the glands and lymphatic vessels. I fully believe, but to the aforesaid manner of accounting for this inflammation. I will offer some objections.

1st. That it does not account for its appearance after easy and expeditious labours in which it is presumed, no such violent pressure did exist.

2^{ndly}. That the pressure being on one side, only, how does he account for its subsequent appearance on the other limb for if he admits equal pressure to have been made the disease should

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have appeared in each extremity simultaneously, and not as I have remarked first in one and then in the other.

3^d. If we admit the rupture to take place during parturition what (may I ask) becomes of the effused fluid, no swelling appearing for the space of ten or fifteen days. If this was the case the disease should ensue immediately.

4th. That swelling does not universally make its first appearance in the groin which it should do if a rupture of the lymphatics took place there.

5th. That it has appeared in the female independent of every state connected with parturition.

Dr. Hull in his essay on this disease says page 206, "That the proximate cause is an inflammation of the Muscles, Cellular Membrane, and inferior surface of the Cutis, and in some cases perhaps the inflammation may be communicated

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from these parts to the large blood vessels, nerves
and the lymphatic vessels and glands imbedded in
them.

There is no doubt but Dr. Hall in his ingenious
estimate has included the parts affected; but he
has confounded those whose actions are very
dissimilar and totally distinct. His argument
seems to have thrown very little light on the sub-
ject and does not appear worthy of much atten-
tion.

Mr. Juge of Gloucester, has considered the proximate
cause of the swelling to be seated in the lymphatic
glands. "I will not contend," he says, "that it must
be so universally. Because there is a probability
that the Original seat of obstruction and inflamma-
tion may in some instances be in the prin-
cipal trunks of the absorbents, but the phenomena
consequent to the inflammation of the trunks, will
be the same whether it begins immediately in the

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trunks themselves or primarily in the glands through which they pass.

Dr. Denman is nearly of the same opinion with Mr. Tyre. He considers it as an affection of the whole glandular and lymphatic system of the extremity.

Dr. Ferriar. in his Medical Histories &c. Vol. ii. p. 10. says: "That the proximate cause is an inflammatory affection of the absorbents of the limb; the tense swelling of the limb, he observes, clearly marks the distinction between the class of vessels affected and those of the sanguiferous system. The absorbents are rendered incapable of performing their functions by the thickening of the vessels and the obstruction of the glands; but the arteries being in a sound state, the exhalans continue to pour out their fluids, which, not being absorbed, must stagnate in the cellular membrane." *See also the Medical History*

Having experienced
several times
the effects of
this medicine,
I feel compelled
to state that it
is a most valuable
remedy in all cases
of dyspepsia, indigestion,
and all other disorders
of the stomach.
It is also useful
in all cases of
constipation, and
in all cases of
biliousness, and
in all cases of
headache, and
in all cases of
fever, and in all
cases of inflammation
of the bowels.

Having examined in a concise manner the most popular theories upon this disorder, I conclude by saying, that I fully concur with Syge, Denman and Ferris in considering it to be an inflammatory disease affecting particularly the lymphatics of the extremity.

Treatment; The indications are —
1st To lessen arterial action and relieve the pain
2nd To reduce the swelling or promote absorption.

To fulfill the first indication, venesection, must be had recourse to; It may be necessary to repeat the bleeding several times; but this and the quantity to be extracted will depend upon the judgement of the Physician and the Constitution of the patient; Cooperating with venesection, Cathartics will be found to act very beneficially, of these ~~but~~ Mercurial kind should be administered in the first onset of the disease; afterwards the Neutral salts may

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be substituted to keep the bowels gently open.
Opium may be given if necessary to relieve pain.

Having by these means succeeded in lessening
the tone of the arterial system we turn our
attention to the second indication, which is
to promote the absorption of the effused fluids.

Diaphoretics may be resorted to for this purpose
some one of the antimonial preparations may
be used, The Tart. Emet. is generally preferred
every advantage may be derived from it.
It may be given either in watery solution or
in the form of Vinum Antimoniale, or in combi-
nation with Nitre in the proportion of gr. x of
the Nitre to gr. ʒi of Tart. Emet. and re-
peat every four or six hours.

Strict attention should be paid to the diet of the
patient, it should consist of Panada, Tapioca
& requiring perfect rest and a horizontal position.
To complete the second indication local applica

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tions will frequently be necessary and should not be neglected.

The application of a Blister to the upper and inner part of the thigh or to the calf of the leg is frequently attended with great benefit.

The warm bath or the sinicupiscient may be of service or the vapour bath made by plunging hot bricks into vinegar then wrapping them in a cloth & placing them under the bed clothes.

Local blood letting by leeches has been advised by Dr Ferriar.

The disease still continuing after the above means have been tried, we must resort to Mercury given so as to induce ptyalism. This seldom fails in producing relief. Calomel conjoined with squills is a favorite prescription of Dr Horsack with which he thinks he has often produced the best effects.

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The treatment for the second indication consists principally in local applications, but we must keep an eye to the general system.

In case of great debility Tonics will be proper or if there exists considerable febrile action, we must be again, resorted to. When there is irritability of the nervous system Camphor will be found a very good remedy; it may be conjoined with Nitre in the proper kind of gr. & of the former to x of the latter, which may be repeated if necessary, two or three times during the day. The glassed roller applied from the foot to the groin is a valuable local application. Friction with Oils Camph. Warm Oil, Camphorated liniment. cloths wrung out of hot vinegar applied to the groin are highly recommended.

The patient must not be allowed to stand or walk too much and we should advise the

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roller or bandage to be continued for a consid-
erable time after the patient considers himself
well.

Importance of Rest in

Surgical Diseases. Paper Read March 3

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Submitted to the Medical Society

of the

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For the Degree of Doctor of Medicine

By Esaias Hanger

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